

MAR 22 2005

## PART B - FEE(S) TRANSMITTAL

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36802 7590 02/25/2005

**PACSETTER, INC.**  
**15900 VALLEY VIEW COURT**  
**SYLMAR, CA 91392-9221**

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**Cristene Amador** (Depositor's name)  
*Cristene Amador* (Signature)  
**03/22/05** (Date)

03/23/2005 EHAILE2 00000108 160068 10039414

01 FC:1501 1400.00 DA  
 02 FC:8001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,414	01/04/2002	Paul A. Levine	A01P1066US01	1590

TITLE OF INVENTION: IMPLANTABLE CARDIAC STIMULATION SYSTEM AND METHOD FOR MEASURING ATRIOVENTRICULAR CONDUCTION AND ADJUSTING ATRIOVENTRICULAR HYSTERESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	600-510000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**PACSETTER, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**15900 Valley View Court**  
**Sylmar, CA 91392-9221**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **3**

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **16-0068** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

**Derrick Reed**

Date

**3/21/05**

Typed or printed name

Registration No.

**40,138**

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**TELECOPIER COVER SHEET****March 22, 2005**

<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/039,414 Filed: 01/04/2002 Docket No. A01P1066US01	<b>Number of pages being sent:</b> <u>2</u> (including cover page)